



Services Provided by the
Calhoun County Senior Citizens Association, Inc. (CCSCA)

COMPLAINT PROCESS AND PROCEDURES

TO FILE A COMPLAINT ABOUT SERVICES

If you have a concern or complaint about any services we provide please call or write the Transportation Coordinator or the Executive Director. **(Complaint Form)** CCSCA prohibits discrimination based on disability and will comply with the Americans with Disabilities Act (ADA). We also prohibit discrimination based on race, color, or national origin **(Title VI Complaint Form)**

Phone Number:

361-552-3350

Mailing Address:

Calhoun County Senior Citizens Association, Inc.
PO Box 128
Port Lavaca, TX 77979

Fax Number:

361-552-6477

What to Expect from CCSCA's Complaint Process

CCSCA strives to address all complaints promptly usually within 72 hours. The complaint will be documented, investigated and a follow up phone call or written communication outlining our findings will be conducted. If the complaint is not resolved, you may request in writing a formal hearing in which you can present your complaint. Your request must be in writing and presented within fifteen (15) days from our follow up call or written communication addressing your initial complaint. The hearing will be conducted within 30 days following written receipt of your request for a hearing. The decision of CCSCA Executive staff shall be final and shall be communicated in writing to the complainant within five days from the conclusion of the hearing. All Complaints will be handled in a confidential and professional manner.

/mp R1 Added responsible person

**RTransit
Calhoun County Senior Citizens Association, Inc.
COMPLAINT FORM**

Date/Time Received: _____	Received By: _____
Name: _____	
Address: _____	
Phone #: _____	
Please Indicate Nature of Complaint: Services () Driver () Dispatcher () Vehicle () Other () _____	
Complaint Resolved () Yes () No Referred To: _____	
Complaint Referral Information: Date of Contact: _____ Resolution Information: _____ _____ _____	
Reviewed By: _____ Transit Supervisor	_____ Date

